

10-31-00

A

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Unless it displays a valid OMB control number

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**UTILITY
PATENT APPLICATION
TRANSMITTAL**(Only for new nonprovisional applications under 37 CFR
1.53(b))

Attorney Docket No.	7575R
First Inventor or Application Identifier	Mark Robert Sivik et al.
Title	COMPOSITIONS AND METHODS FOR USE OF ZWITTERIONIC POLYMERIC SUDS ENHANCERS TB752810652US
Express Mail Label No.	

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification Total Pages [103]
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☐ Drawing(s) (35 USC 113) Total Sheets ☐
4. Oath or Declaration Total pages [2]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. ☐ **DELETION OF INVENTORS**
Signed statement attached deleting
inventor(s) named in the prior
application, see 37 CFR §§1.63(d)(2) and
1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ *Small Entity ☐ Statement filed in prior application
Statement(s) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other:

*** NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS
REQUIRED (37. C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR
APPLICATION IS RELIED UPON (37 C.F.R. §1.28).**

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the preliminary amendment:☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No. 09/320,834 filed 05/26/99

Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

NAME

Kevin L. Waugh

ADDRESS

The Procter & Gamble Company
Miami Valley Laboratories
11810 E. Miami River Road

CITY

Cincinnati

STATE

OH

ZIP CODE

45252

COUNTRY

USA

TELEPHONE

513-627-1644

FAX

513-627-0318

Name (Print/Type)

Kevin L. Waugh

Registration No. (Attorney/Agent)

47,206

Signature

Date

October 30, 20000

† Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Under the Paperwork Reduction Act of 1995, persons are required to respond to a collection of information unless it displays a valid OMB control number

**FEE TRANSMITTAL
for FY 2000**

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§1.27 and 1.28.

Complete if Known

Application Number	
Filing Date	May 26, 1999
First Named Inventor	Mark Robert Sivik et al.
Examiner Name	
Group/Art Unit	1714
Attorney Docket No.	7575R&

TOTAL AMOUNT OF PAYMENT (\$1,210.00)**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **16-2480**Deposit Account Name **The Procter & Gamble Company**

- ☒ Charge Any Additional Fee ☐ Charge the Issue Fee Set in
Required Under 37 C.F.R. §1.18 at the Mailing
37 C.F.R. §§1.16 and 1.17 of the Notice of Allowance

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION (continued)**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code (\$)	Entity Fee Code (\$)	Small Fee Code (\$)	Entity Fee Code (\$)	Fee Description	Fee Paid
101 - 690	201	345		Utility filing fee	\$[710]
106 310	206	155		Design filing fee	
107 480	207	240		Plant filing fee	
108 690	208	345		Reissue filing fee	
114 150	214	75		Provisional filing fee	
SUBTOTAL (1)					(\$)[710.00]

2. EXTRA CLAIM FEES

Fee From
Extra Claims Below Fee

Paid

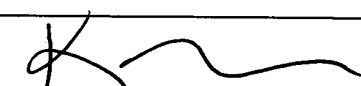
Total Claims [30] - 20** = [10] x [18] = [180]
Independent Claims [7] - 3** = [4] x [80] = [320]
Multiple Dependent ☐ = ☐
** or number previously paid, if greater, For Reissues, see below

Large Fee Code (\$)	Entity Fee Code (\$)	Small Fee Code (\$)	Entity Fee Code (\$)	Fee Description
103 18	203	9		Claims in excess of 20
102 78	202	39		Independent claims in excess of 3
104 260	204	130		Multiple dependent claim, if not paid
109 78	209	39		**Reissue independent claims over original patent
110 18	210	9		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)[500]**3. ADDITIONAL FEES**

Large Fee Code Paid	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee
105	130	205	65	Surcharge - late filing fee or oath	<input type="checkbox"/>
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	<input type="checkbox"/>
139	130	139	130	Non-English specification	<input type="checkbox"/>
147	2,520	147	2,520	For filing a request for reexamination	<input type="checkbox"/>
112	920*	112	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115	110	215	55	Extension for reply within 1 st month	<input type="checkbox"/>
116	380	216	190	Extension for reply within 2 nd month	<input type="checkbox"/>
117	870	217	435	Extension for reply within 3 rd month	<input type="checkbox"/>
118	1,360	218	680	Extension for reply within 4 th month	<input type="checkbox"/>
128	1,850	228	925	Extension for reply within 5 th month	<input type="checkbox"/>
119	300	219	150	Notice of Appeal	<input type="checkbox"/>
120	300	220	150	Filing a brief in support of an appeal	<input type="checkbox"/>
121	260	221	130	Request for oral hearing	<input type="checkbox"/>
138	1,510	138	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140	110	240	55	Petition to revive - unavoidable	<input type="checkbox"/>
141	1,210	241	605	Petition to revive - unintentional	<input type="checkbox"/>
142	1,210	242	605	Utility issue fee (or reissue)	<input type="checkbox"/>
143	430	243	215	Design issue fee	<input type="checkbox"/>
144	580	244	290	Plant issue fee	<input type="checkbox"/>
122	130	122	130	Petitions to the Commissioner	<input type="checkbox"/>
123	50	123	50	Petitions related to provisional applications	<input type="checkbox"/>
126	240	126	240	Submission of IDS	<input type="checkbox"/>
581	40	581	40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
146	690	246	345	Filing a submission after final rejection	<input type="checkbox"/>
149	690	249	345	For each additional invention to be examined (37 CFR 1.129(b))	<input type="checkbox"/>

Other fee (specify) _____ ☐Other fee (specify) _____ ☐* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$) [0]****SUBMITTED BY**

Name (Print/Type)	Kevin L. Waugh	Registration No. (Attorney/Agent)	47,206	Complete (if applicable)	Telephone (513) 627-1644
Signature				Date	10/30/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.